

# PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF  
ISABEL MCISAAC



## MASSAGE FOR CONSTIPATION

By KATE W. WILLIAMS

Illinois Training-School for Nurses

CONSTIPATION is one of the ills from which no small proportion of mankind suffers, and any therapeutic measure which will mitigate or cure it is not to be lightly considered.

Cathartics are quickly resorted to by the laity without knowledge as to their general fitness. Surely all nurses would wish a discontinuance of the old plaint, "My bowels never move unless I take medicine."

Of course, not all cases of constipation are amenable to massage treatment, and in some cases it is positively contraindicated. A nurse is not a diagnostician, and she must therefore trust to the wisdom of a physician as to the desirability of employing it at all.

When there is considerable fecal impaction it is better to give one or more colonic flushings with normal-salt solution in addition to the massage. Kleen reports excellent results from ventral kneading (circular frictions) alone. Some authors give a greater variety of manipulations, to which they also add some of the Swedish movements.

The majority of patients upon whom the nurse is called to operate are nervous women, and to effect a cure it is often necessary to proceed with great caution and adapt the treatment to each individual case. Usually atony of the stomach and a torpid liver are concomitants of the constipation.

It is important that the patient relax completely during treatment; for this reason she is told to open her mouth and breathe freely; otherwise the viscera cannot be reached.

Rheumatic infiltrations of the muscles of the abdominal wall must necessarily be removed before any thorough kneading of the viscera is attempted. This can best be done by frictions executed in the direction of the muscle fibre.

Have patient lie on her back with her head slightly elevated, knees flexed, and thighs slightly abducted. A pillow may be placed beneath her knees. If the bed is not too high, the nurse may occupy a chair placed

at the patient's right. If there is much inflammation or abdominal tenderness, use gentle vibrations till it decreases or disappears.

With the volar side of the three middle fingers exert firm pressure and execute short circular frictions, "making the skin follow the excursions of the fingers," over the stomach from the fundus to the pylorus. Follow this with vibrations in the same direction.

Place left hand over liver and right hand over spleen, and execute a to-and-fro movement. Knead colon thoroughly over its whole extent with circular frictions, beginning at the cæcum. With the hand laid flat upon the abdomen, stimulate peristalsis by a rotary motion.

With fingers half bent, reach under the ribs in the region of the liver and give a vibratory lifting, beginning light and increasing in vigor; or put patient on her left side with her arms straight ahead of her and a pillow between them and knees flexed.

Place your left hand or forearm on patient's right scapula and right arm just above the crest of the ilium and execute a vigorous to-and-fro movement of the patient's trunk, moving your hands in opposite directions. Follow this with vigorous vibration, kneading, friction, hacking, and clapping.

Sittings should be had daily, and the length of time for each sitting will have to be determined by the discretion of the nurse. Ten to thirty minutes is quite enough for the whole procedure.

Treatments should be given very lightly or discontinued altogether during menstruation. They should not be given immediately after a full meal; two or three hours should elapse.

In some instances chronic constipation of several years' standing may be cured by friction alone as recommended by Kleen; in others it will be necessary to employ all the manipulations mentioned above.

Some patients, particularly very nervous ones, make better recoveries where the abdominal massage is combined with general treatments.

It is not wise to promise recovery at a specified time. Some patients show marked improvement in two or three weeks, while others require months. Some are so weak at the beginning of treatments that only very light massage and short sittings are possible. Others have considerable abdominal tenderness or rheumatic infiltrations of the abdominal muscles, which must be removed before any kneading of the viscera can be attempted. Very nervous women will sometimes insist that they are too weak and delicate to have vigorous treatment. It is occasionally impossible to get the patient to relax at all. In these latter cases the nurse can do very little, and recovery should not be promised.

In some of the above cases the nurse can accomplish a good deal if she will proceed very cautiously and manage to get the patient's confidence.

Chronic cases require many more treatments than acute ones. Naturally, when only very mild treatments can be given more time must elapse before recovery. Cheerful, reasonable patients usually recover more rapidly than morbid ones.

Treatment should not be discontinued as soon as normal defecation is established, though while sittings should still be had regularly for a while, they need not occur daily. Two or three times a week will suffice. On discontinuance instruct the patient on the necessity of going to stool regularly and on the importance of having a few treatments whenever any recurrence of the malady takes place.

The prognosis is less favorable in fatty subjects, owing to the thickness of the abdominal walls and consequent inability to reach the viscera through them.

It is neither necessary nor wise to cause the patient much pain. If rightly performed, considerable pressure may be used without producing any discomfort.

No lubricant is necessary.

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#### A WORD TO THE MOTHERS OF DEAF CHILDREN

EVERY mother of a deaf child wishes that child to speak and understand the speech of others, and there is no adequate reason why this wish should not be gratified.

No deaf child will ever learn to speak or understand speech by its own unaided efforts. To attain the highest possible excellence, the training should begin very early. It is necessary, therefore, that the mother should learn the condition of her child's hearing at as early an age as possible. I have met frequent instances where the age of four years was reached before the parents discovered the deafness, or at least were willing to acknowledge that the child needed special attention. It is a great mistake to delay a careful investigation, for the sooner the defect is known the more likelihood there is of being able to remedy it. Every mother should carefully observe her child between the ages of six and eighteen months, with a view to determining whether all the senses have a normal degree of perfection. If she then suspects that hearing is not acute, she should at once consult both an aurist and a competent oral educator of the deaf. If the aurist cannot do anything, the educator can often do much, and can always offer suggestions which will supplement the work of the aurist.

To determine the true situation with regard to the hearing of a child less than two years of age is not the simple matter it might easily